



Electronic Funds Transfer Authorization Agreement

VIRGINIA DEPARTMENT OF TAXATION

A. P A Y E R I N F O	Legal Name of Business or Organization:		
	Primary EFT Contact:		Phone ()
	Fax Number: ()		
	Entity Type – Circle One: Business Taxpayer Payroll Service Provider		
	Email Address:		
	Mailing Address for EFT Information:		
	Street		
	City State Zip -		

DEBIT PAYMENT METHOD, COMPLETE THIS SECTION

B. D E B I T E F T --- B A N K I N F O	Tax Type	Account Number (s)	Bank Account Number(s)	Check to indicate Account Type		Bank Routing & Transit Number(s)
				Checking	Savings	
	Withholding	(VA Tax Account Number)	<u>1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	
		(Federal ID Number - FEIN)	<u>2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	
	Corporation	(VA Tax Account Number)	<u>1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	
		(Federal ID Number - FEIN)	<u>2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sales & Use	(VA Tax Account Number)	<u>1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	
		(Federal ID Number - FEIN)	<u>2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	

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SIGNATURE SECTION

C. S I G N A T U R E	<i>By signing this form, I agree that I am responsible for accounting for and paying over the required taxes and that I will notify the Department of Taxation in the event that I am no longer responsible for accounting for and paying over the required taxes. My signature certifies that I understand the Electronic Funds transfer process; that I agree to file the tax payments designated above using EFT as outlined in the <u>Electronic Payment Guide</u> and that I will continue to make my tax payments to the Commonwealth of Virginia as described in Title 58.1 of the Code of VA.</i>	
	Print Name of Business Owner/Partner/Officer	
	Signature of Business Owner/Partner/Officer	Date

FAX this form and a voided check to (804) 367-2603 **OR** make a copy of the form for your records and mail the original document(s) to:

Virginia Department of Taxation
EFT Program
P.O. Box 1114
Richmond, VA 23218-1114

ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT FORM INSTRUCTIONS

SECTION A – PAYER INFORMATION

Enter the legal name of your business.

Enter the EFT contact name and the contact's telephone number.

Indicate entity type and provide an email address, if available, for the EFT contact.

Enter the address for the EFT contact.

SECTION B – ACH DEBIT FILERS

Enter your complete VA Tax Account Number(s), Federal Identification Number(s) (FEIN's) and Bank Account Number(s), along with the bank Routing and Transit number(s). If your bank account is a savings account, enter a ✓ in the column, where indicated.

Staple a voided **check** (**NOT A DEPOSIT SLIP**) from your bank account to the top of the form.

SECTION C – SIGNATURE SECTION

Print or type the name of an Owner, Partner, Officer or other person responsible for the business. The responsible person must read and understand the statement, **sign**, and date the form. The Agreement Form cannot be signed by an agent of the business (i.e. hired bookkeeper). The form **must** be signed by an owner, partner, officer, or other person responsible for the business.

FAX the form and a voided check(s), if applicable, to the number shown on the form **OR** make a copy of the documents for your records and mail the original document(s) to the address shown on the form.